



peach state health plan

First denial



Mark Wolgin  
619 POINTE NORTH BLOULEVARD  
ALBANY, 31721  
1/4/2023 12:46 PM

1/4/23

TurningPoint denied your prior authorization request for your patient's services.

Dear Mark Wolgin:

Enclosed please find a copy of [redacted] denial letter for your records. TurningPoint Healthcare Solutions, LLC ("TurningPoint") reviewed the request for authorization on behalf of Peach State Health Plan. If you disagree with this adverse decision, there is an option for a peer-to-peer review before filing your appeal with the health plan. It must be requested within 5 days of the date of this decision. To exercise this option, please call our Peer-to-Peer ("P2P") Coordinator Line at (800) 581-3920.

Please provide TurningPoint with your MD Name, the case reference number, and three dates & times your doctor is available to participate in a phone conference with one of our Peer Reviewers. One of our P2P Coordinators will confirm the date and time the TurningPoint Peer Reviewer is available and schedule the call.

The 5 days applies to your notice back to us. The actual peer-to-peer discussion may take place after this period if schedules do not allow. Please note we recognize business days as Monday through Friday 8 AM-5 PM Eastern time.

You may also appeal this determination per your contract with Peach State Health Plan by sending a written appeal via mail along with supporting documentation as outlined in the appeals and grievances section of the member's denial letter.

Sincerely,

Edward Simmons, MD  
Board Certified Orthopedic Spine Surgeon

Encl(1) Member Denial Letter



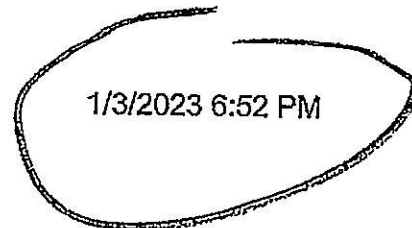
FROM psychstate health plan.

1100 Circle 75 Parkway  
Suite 1100  
Atlanta, GA 30339

4



Albany, GA 31701



**NOTICE OF ACTION**

Para obtener ayuda para traducir o entender esta información, sírvase llamar al 1-877-687-1180 TDD/TTY 1-877-941-9231 entre 8 a.m. y 5 p.m.

Re: Member Name: **DB**  
Tracking Number: CEN405890

Dear **DB**

Peach State Health Plan looked at services requested for **DB** received on 12/27/2022 5:26 PM for coverage of Outpatient - Spinal Fusion, Cervical. After review of the information received, the request was Denied.

Your medical records were carefully reviewed. The request for your neck surgery cannot be approved. Your doctor's plan for surgery is to connect the spine bones together in your neck. However, the request submitted is for . For this reason, the requested surgery cannot be approved. Please talk to your doctor about treatment options, they have received a copy of this letter as well. This decision was based on the medical policies for xPolicyxNamex (OR-10xx) and Medical Record Documentation (GN-1002).

*neck surgery not approved*

*Approved*

Your medical records were carefully reviewed. The request for xMainxProcedurex is approved. There are multiple steps included as part of that surgery. Your provider requested these multiple step(s) as a separate procedure. Your records do not show why it is necessary for these procedures to be approved and billed separately. For this reason the request for authorization of xBundledxProceduresx is denied, but the surgery xMainxProcedurex is approved. This decision was based on the medical policies for xPolicyxNamex (OR-10xx) and Medical Record Documentation (GN-1002).

The criteria or medical reason for this decision is GN-1002 - Medical Record Documentation - Internal Baseline Policy, OR-1004 - Lumbar Spinal Fusion - Internal

*but main procedure approved ??*

*Unclear!*

*put to peer*

*333  
480  
32W*

Baseline Policy, OR-1012 - Cervical Spinal Fusion - Internal Baseline Policy, OR-1045 - Osteotomies for Spinal Deformity - Internal Baseline Policy.

This decision was made on 1/3/2023 6:52 PM.

*Peer to peer req*

This decision was made by a Edward Simmons, MD, Board Certified Orthopedic Spine Surgeon.

*1/4*

You, or someone you name to help you, can request a copy of criteria used in this decision. Your doctor knows about this decision. He/she can call to talk to us about this decision.

*↓*

- If you disagree with this decision, you have the following option:

1) You have one hundred eighty (180) days from the date on this letter to file an appeal with Peach State Health Plan.

*still not done as of 1/6*

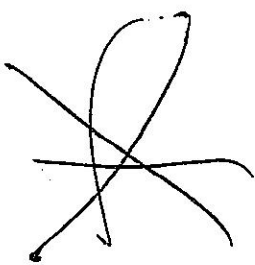
- Once appeal decision is made; if you disagree with the decision, you have the following option:

1) You may request an external Independent Medical Review (IMR) regarding this decision from MAXIMUS Federal Services, the Independent Review Organization (IRO). You have one hundred twenty (120) days from the date on the appeal decision letter to file an Independent Medical Review (IMR) request with the Independent Review Organization (IRO).

If you want your doctor or someone else to act for you, you must do this in writing. To do this, complete and return the attached "Authorized Representative Designation Form" with your request.

**APPEAL:**

You, your doctor, or someone that you name to act for you, can ask us to change our decision. This is called an appeal. You can ask for an appeal in writing or by calling us. If you want to appeal, you must tell us within one hundred eighty (180) days of the date on this letter. You can file an Appeal by phone, fax, or writing to us at:



Peach State Health Plan Grievance & Appeals Department  
 1100 Circle 75 Parkway  
 Suite 1100  
 Atlanta, GA 30339  
 Phone 1-877-687-1180  
 TDD/TTY 1-877-941-9231  
 Fax 1-866-532-8855

If you appeal by phone, you must also send in a written, signed appeal. The written appeal should include the following information:

- Your name
- Your member number
- A phone number where we can reach you
- Why you think we should change the decision
- Medical information to support the request

You or your doctor can ask for a specialty doctor to look at the appeal. We will give you an answer within thirty (30) calendar days of you asking for a pre-service appeal and sixty (60) calendar days for a post service appeal. If you or your doctor believe that waiting up to 30 calendar days to decide your appeal could seriously risk your life or health, including your being able to reach, keep, or get back to your maximum function, you or your doctor should tell us this when asking for an appeal. If we agree, we will make a decision sooner (within 72 hours of receiving the request) on your appeal. This is called an "expedited appeal". An expedited appeal may be filed orally. It does not have to be filed in writing. An Expedited External Review may be requested at the same time as an expedited appeal in certain situations.

**INDEPENDENT MEDICAL REVIEW (IMR):**

You may file a request within 120 days of the date of this letter. Filing a request for an

Independent Review Organization (IRO) will not result in discrimination against you. For questions or assistance you may call, fax, email or write:

Maximus Federal Services  
3750 Monroe Avenue, Suite 705  
Pittsford, NY 14534  
Phone: 1-888-866-6205  
Fax: 1-888-866-6190  
Email: [ferp@maximus.com](mailto:ferp@maximus.com)  
[www.externalappeal.com](http://www.externalappeal.com)

If you have questions for Peach State Health Plan, you call us at 1-877-687-1180 or TDD/TTY 1-877-941-9231. If you or your physician wishes to discuss this decision with the reviewer, please call 1-877-687-1180, extension 57035.

Sincerely,

Edward Simmons, MD  
Board Certified Orthopedic Spine Surgeon  
Peach State Health Plan

**Enclosure –Authorized Representative Designation Form**

From: Outgoing Efax Centene Fax: 14073339028

To:

Fax: (229) 434-9828

Page: 5 of 25

01/16/2023 8:46 PM



FROM | peach state health plan.

*Second denial*



Mark Wolgin  
619 POINTE NORTH BLOULEVARD  
ALBANY, 31721  
1/16/2023 3:55 PM

*received 1/17/23*

TurningPoint denied your prior authorization request for your patient's services.

Dear Mark Wolgin:

Enclosed please find a copy of <sup>DB</sup> [redacted] denial letter for your records. TurningPoint Healthcare Solutions, LLC ("TurningPoint") reviewed the request for authorization on behalf of Peach State Health Plan. If you disagree with this adverse decision, there is an option for a peer-to-peer review before filing your appeal with the health plan. It must be requested within 5 days of the date of this decision. To exercise this option, please call our Peer-to-Peer ("P2P") Coordinator Line at (800) 581-3920.

Please provide TurningPoint with your MD Name, the case reference number, and three dates & times your doctor is available to participate in a phone conference with one of our Peer Reviewers. One of our P2P Coordinators will confirm the date and time the TurningPoint Peer Reviewer is available and schedule the call.

The 5 days applies to your notice back to us. The actual peer-to-peer discussion may take place after this period if schedules do not allow. Please note we recognize business days as Monday through Friday 8 AM-5 PM Eastern time.

You may also appeal this determination per your contract with Peach State Health Plan by sending a written appeal via mail along with supporting documentation as outlined in the appeals and grievances section of the member's denial letter.

Sincerely,

Edward Simmons, MD  
Board Certified Orthopedic Spine Surgeon

*Encl(1) Member Denial Letter*

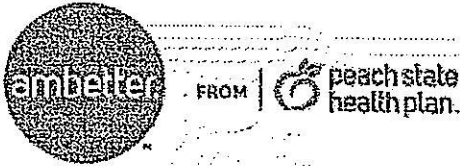
From: Outgoing Efax Centene Fax: 14073339028

To:

Fax: (229) 434-9828

Page: 6 of 25

01/16/2023 8:46 PM



1100 Circle 75 Parkway  
Suite 1100  
Atlanta, GA 30339

DB

[Redacted]

Albany, GA [Redacted]

*Denied again  
After peer to peer*

1/16/2023 3:55 PM

**NOTICE OF ACTION**

Para obtener ayuda para traducir o entender esta información, sírvase llamar al 1-877-687-1180 TDD/TTY 1- 877-941-9231 entre 8 a.m. y 5 p.m.

Re: Member Name: [Redacted] DB  
Tracking Number: CEN405890

Dear [Redacted]

Peach State Health Plan looked at services requested for [Redacted] received on 12/27/2022 5:26 PM for coverage of Outpatient - Spinal Fusion, Cervical. After review of the information received, the request was Denied.

Your medical records were carefully reviewed. The request for your neck surgery cannot be approved. Your doctor's plan for surgery is to connect the spine bones together in your neck. However, the request submitted is for connecting your spine bones together while removing the front part of your bones. For this reason, the requested surgery cannot be approved. Please talk to your doctor about treatment options, they have received a copy of this letter as well.

The criteria or medical reason for this decision is GN-1002 - Medical Record Documentation - Internal Baseline Policy, OR-1004 - Lumbar Spinal Fusion - Internal Baseline Policy, OR-1012 - Cervical Spinal Fusion - Internal Baseline Policy, OR-1045 - Osteotomies for Spinal Deformity - Internal Baseline Policy.

This decision was made on 1/16/2023 3:55 PM.

This decision was made by a Edward Simmons, MD, Board Certified Orthopedic Spine Surgeon.

You, or someone you name to help you, can request a copy of criteria used in this decision. Your doctor knows about this decision. He/she can call to talk to us about this decision.

- If you disagree with this decision, you have the following option:

1) You have one hundred eighty (180) days from the date on this letter to file an appeal with Peach State Health Plan.

- Once appeal decision is made; if you disagree with the decision, you have the following option:

1) You may request an external Independent Medical Review (IMR) regarding this decision from MAXIMUS Federal Services, the Independent Review Organization (IRO). You have one hundred twenty (120) days from the date on the appeal decision letter to file an Independent Medical Review (IMR) request with the Independent Review Organization (IRO).

If you want your doctor or someone else to act for you, you must do this in writing. To do this, complete and return the attached "Authorized Representative Designation Form" with your request.

#### **APPEAL:**

You, your doctor, or someone that you name to act for you, can ask us to change our decision. This is called an appeal. You can ask for an appeal in writing or by calling us. If you want to appeal, you must tell us within one hundred eighty (180) days of the date on this letter. You can file an Appeal by phone, fax, or writing to us at:

Peach State Health Plan Grievance & Appeals Department  
1100 Circle 75 Parkway  
Suite 1100  
Atlanta, GA 30339  
Phone 1-877-687-1180  
TDD/TTY 1-877-941-9231  
Fax 1-866-532-8855

If you appeal by phone, you must also send in a written, signed appeal. The written appeal should include the following information:

- Your name
- Your member number
- A phone number where we can reach you
- Why you think we should change the decision

- Medical information to support the request

You or your doctor can ask for a specialty doctor to look at the appeal. We will give you an answer within thirty (30) calendar days of you asking for a pre-service appeal and sixty (60) calendar days for a post service appeal. If you or your doctor believe that waiting up to 30 calendar days to decide your appeal could seriously risk your life or health, including your being able to reach, keep, or get back to your maximum function, you or your doctor should tell us this when asking for an appeal. If we agree, we will make a decision sooner (within 72 hours of receiving the request) on your appeal. This is called an "expedited appeal". An expedited appeal may be filed orally. It does not have to be filed in writing. An Expedited External Review may be requested at the same time as an expedited appeal in certain situations.

**INDEPENDENT MEDICAL REVIEW (IMR):**

You may file a request within 120 days of the date of this letter. Filing a request for an

Independent Review Organization (IRO) will not result in discrimination against you. For questions or assistance you may call, fax, email or write:

Maximus Federal Services  
3750 Monroe Avenue, Suite 705  
Pittsford, NY 14534  
Phone: 1-888-866-6205  
Fax: 1-888-866-6190  
Email: [ferp@maximus.com](mailto:ferp@maximus.com)  
[www.externalappeal.com](http://www.externalappeal.com)

If you have questions for Peach State Health Plan, you call us at 1-877-687-1180 or TDD/TTY 1-877-941-9231. If you or your physician wishes to discuss this decision with the reviewer, please call 1-877-687-1180, extension 57035.

Sincerely,

Edward Simmons, MD  
Board Certified Orthopedic Spine Surgeon  
Peach State Health Plan

**Enclosure –Authorized Representative Designation Form**



From: Outgoing Efax Centene Fax: 14073339028

To:

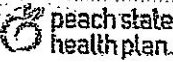
Fax: (229) 434-9828

Page: 5 of 13

01/19/2023 2:10 PM



FROM



*Third Denial*



Mark Wolgin  
619 POINTE NORTH BLOULEVARD  
ALBANY, 31721  
1/19/2023 1:49 PM

*Denied again by  
a neurosurgeon.*

TurningPoint denied your prior authorization request for your patient's services.

*Do they think the patient  
will get better without*

Dear Mark Wolgin:

Enclosed please find a copy of ~~some~~ denial letter for your records. TurningPoint Healthcare Solutions, LLC ("TurningPoint") reviewed the request for authorization on behalf of Peach State Health Plan. If you disagree with this adverse decision, there is an option for a peer-to-peer review before filing your appeal with the health plan. It must be requested within 5 days of the date of this decision. To exercise this option, please call our Peer-to-Peer ("P2P") Coordinator Line at (800) 581-3920.

*surgery?  
OR...  
just  
don't  
care!!*

Please provide TurningPoint with your MD Name, the case reference number, and three dates & times your doctor is available to participate in a phone conference with one of our Peer Reviewers. One of our P2P Coordinators will confirm the date and time the TurningPoint Peer Reviewer is available and schedule the call.

The 5 days applies to your notice back to us. The actual peer-to-peer discussion may take place after this period if schedules do not allow. Please note we recognize business days as Monday through Friday 8 AM-5 PM Eastern time.

You may also appeal this determination per your contract with Peach State Health Plan by sending a written appeal via mail along with supporting documentation as outlined in the appeals and grievances section of the member's denial letter.

Sincerely,

Paul Dernbach, MD  
Board Certified Neurosurgery

Encl(1) Member Denial Letter

From: Outgoing Efax Centene Fax: 14073339028

To:

Fax: (229) 434-9828

Page: 6 of 13

01/19/2023 2:10 PM



FROM | peach state health plan.

1100 Circle 75 Parkway  
Suite 1100  
Atlanta, GA 30339

No indication about why denied.



DB

Albany, GA

1/19/2023 1:49 PM

No interest in helping the patient.

NOTICE OF ACTION

Para obtener ayuda para traducir o entender esta información, sírvase llamar al 1-877-687-1180 TDD/TTY 1-877-941-9231 entre 8 a.m. y 5 p.m.

DB

Re: Member Name: [Redacted]  
Tracking Number: CEN416614

Dear [Redacted] DB

Peach State Health Plan looked at services requested for [Redacted] received on 1/18/2023 2:28 PM for coverage of Outpatient - Spinal Fusion, Cervical. After review of the information received, the request was Denied.

Your medical records were carefully reviewed. The request for your neck surgery cannot be approved. More information about your diagnosis and planned surgery is needed. This information needs to include your doctor's plan for the specific surgery requested and why this procedure is necessary. Your records do not show these things. Please talk to your doctor about treatment options, they have received a copy of this letter as well.

What info is needed?

The criteria or medical reason for this decision is GN-1002 - Medical Record Documentation - Internal Baseline Policy, OR-1012 - Cervical Spinal Fusion - Internal Baseline Policy.

This decision was made on 1/19/2023 1:49 PM.

This decision was made by a Paul Dernbach, MD, Board Certified Neurosurgery.

You, or someone you name to help you, can request a copy of criteria used in this

decision. Your doctor knows about this decision. He/she can call to talk to us about this decision.

- If you disagree with this decision, you have the following option:

1) You have one hundred eighty (180) days from the date on this letter to file an appeal with Peach State Health Plan.

- Once appeal decision is made; if you disagree with the decision, you have the following option:

1) You may request an external Independent Medical Review (IMR) regarding this decision from MAXIMUS Federal Services, the Independent Review Organization (IRO). You have one hundred twenty (120) days from the date on the appeal decision letter to file an Independent Medical Review (IMR) request with the Independent Review Organization (IRO).

If you want your doctor or someone else to act for you, you must do this in writing. To do this, complete and return the attached "Authorized Representative Designation Form" with your request.

#### **APPEAL:**

You, your doctor, or someone that you name to act for you, can ask us to change our decision. This is called an appeal. You can ask for an appeal in writing or by calling us. If you want to appeal, you must tell us within one hundred eighty (180) days of the date on this letter. You can file an Appeal by phone, fax, or writing to us at:

Peach State Health Plan Grievance & Appeals Department  
1100 Circle 75 Parkway  
Suite 1100  
Atlanta, GA 30339  
Phone 1-877-687-1180  
TDD/TTY 1-877-941-9231  
Fax 1-866-532-8855

If you appeal by phone, you must also send in a written, signed appeal. The written appeal should include the following information:

- Your name
- Your member number
- A phone number where we can reach you
- Why you think we should change the decision
- Medical information to support the request

You or your doctor can ask for a specialty doctor to look at the appeal. We will give you an answer within thirty (30) calendar days of you asking for a pre-service appeal and sixty

(60) calendar days for a post service appeal. If you or your doctor believe that waiting up to 30 calendar days to decide your appeal could seriously risk your life or health, including your being able to reach, keep, or get back to your maximum function, you or your doctor should tell us this when asking for an appeal. If we agree, we will make a decision sooner (within 72 hours of receiving the request) on your appeal. This is called an "expedited appeal". An expedited appeal may be filed orally. It does not have to be filed in writing. An Expedited External Review may be requested at the same time as an expedited appeal in certain situations.

**INDEPENDENT MEDICAL REVIEW (IMR):**

You may file a request within 120 days of the date of this letter. Filing a request for an

Independent Review Organization (IRO) will not result in discrimination against you. For questions or assistance you may call, fax, email or write:

Maximus Federal Services  
3750 Monroe Avenue, Suite 705  
Pittsford, NY 14534  
Phone: 1-888-866-6205  
Fax: 1-888-866-6190  
Email: [ferp@maximus.com](mailto:ferp@maximus.com)  
[www.externalappeal.com](http://www.externalappeal.com)

If you have questions for Peach State Health Plan, you call us at 1-877-687-1180 or TDD/TTY 1-877-941-9231. If you or your physician wishes to discuss this decision with the reviewer, please call 1-877-687-1180, extension 57035.

Sincerely,

Paul Dernbach, MD  
Board Certified Neurosurgery  
Peach State Health Plan

**Enclosure –Authorized Representative Designation Form**

From: Outgoing Efax Centene Fax: 14073339028

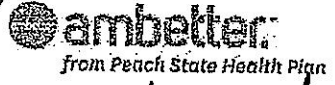
To:

Fax: (229) 434-9828

Page: 9 of 13

01/19/2023 2:10 PM

They want this lady, who can barely walk,



to do this appeal, after I (the doctor)

**AUTHORIZED REPRESENTATIVE DESIGNATION**

have been

You may have someone else act on your behalf in an appeal or grievance/complaint. The person you list below will be accepted as your representative. We cannot speak with anyone on your behalf until we receive this form. Return to us at:

denied x3??

Peach State Health Plan  
Appeal Department  
1100 Circle 75 Parkway  
Suite 1100  
Atlanta, GA 30339  
Phone 1-877-687-1180  
TDD/TTY 1-877-941-9231  
Fax 1-866-532-8855 (Appeals)  
Fax 1-866-532-8855 (Grievance/Complaint)

What a farce!!

I, \_\_\_\_\_ want the following person to

(Printed Name of Member)

act for me in my Appeal or Grievance / Complaint. I understand that personal medical information related to my appeal or grievance/complaint may be disclosed to my representative.

1. Name of Representative (Please Print):

\_\_\_\_\_

2. Address of Representative:

Street Address or PO Box

Apt #

City

State

Zip Code

( )

Phone Number: Daytime

( )

Phone Number: Evening

From: Outgoing Efax Centene Fax: 14073339028

To:

Fax: (229) 434-9828

Page: 10 of 13

01/19/2023 2:10 PM

**3. Brief description of the appeal or grievance/complaint for which the Representative will be acting on my behalf:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Member Signature:**

Signature of Member (or parent/guardian)\* \_\_\_\_\_

Member DOB: \_\_\_\_\_

Member ID: \_\_\_\_\_

Date: \_\_\_\_\_

\* Relationship to Member:  Self  Parent  Guardian

**1. Representative Signature:**

Signature of Member Representative\* \_\_\_\_\_

Date

\* Relationship to Member:  Parent  Guardian  Other – Please Specify